



Certificate of Completion

THIS HEREBY CERTIFIES THAT

*R*HAQUVA ROBERTSON

HAS SUCCESSFULLY MET ALL REQUIREMENTS OF
DMA CERTIFICATION

INCLUDING: GLUCOSE MONITORING, SIX RIGHTS AND INSULIN ADMINISTRATION

*D*AVID SETHURU
SIGNED _____ 04/07/2020



BEACON
Specialized Living

Certificate of Completion

Is hereby granted to:

RAQUINA ROBERTSON

To certify that they have complete to satisfaction in

"DMA, Medical, & Blood Borne Pathogens Training"

Date: 04/07/2020

Sharon Shaohom RN
Trainer Signature